

CITY OF HARRISONBURG

Department of Community Development

Building Inspection Division

409 South Main Street, P. O. Box 20031

Harrisonburg, Virginia 22801-7531

Telephone No. 540-432-7700 Fax No. 540-432-7777

Permit No.:

State Registration No.:

City Business License No.:

ICC

Tracking No.:

FIRE SPRINKLER PERMIT APPLICATION

Owner

Address:

City, State, Zip:

Telephone No.:

Present Use:

Proposed Use:

BRIEF DESCRIPTION AND

Parcel Address:

Tax Parcel

Code:

Contracted
By:

Performed
By:

Supervised
By:

Contractor:

Address:

City, State, Zip:

Telephone No.:

TYPE OF WORK BEING DONE:

New:

Replace:

Alteration:

Addition:

Estimated Total Value of
Construction Including Value
of Materials and Labor:

Fees:

Total Fee:

Backflow Preventers:

Fire Sprinkler Heads:

DATE RECEIVED:

RECEIVED BY:

Building Division:

I hereby certify that this proposed work will be done with the Owner's consent and I acknowledge that I have read this application and the statements hereon and agree that the work will be done as stated.

Owner/Lesse

Agent:

Date Permit Issued: